



City of Wenatchee

Volunteer Commission and Board Application

COMMISSION/BOARD INFORMATION

Board (s) I would like to be considered for: (If more than one, please rank them in order of preference)

_____ Arts Commission	_____ Parks and Recreation Advisory Board
_____ Planning Commission	_____ Wenatchee Community Center Advisory Board
_____ Cemetery Advisory Board	_____ Code Enforcement Board
_____ Historic Preservation Board	_____ Museum Board
_____ Diversity Committee	_____ Civil Service Board
_____ Greater Wenatchee Regional Events Center Public Facilities District Board	

APPLICANT INFORMATION

Last Name: _____ First Name _____ Initial: _____

Mailing Address: _____ City: _____ Zip: _____

*Residency Requirement: Applicants must reside within the City Limits of Wenatchee
except the Arts Commission, Wenatchee Community Center Advisory Board and the Diversity Committee*

Day Phone: _____ Evening Phone: _____

E-mail: _____ Years lived in Wenatchee Valley: _____

Occupation: _____ Years of Experience: _____

Work Address: _____ City: _____ Zip: _____

Education and Formal Training: _____

Have you ever been convicted of a felony or released from prison? _____ Yes _____ No

(A conviction record will not necessarily bar you from serving. Factors such as the nature and gravity of the crime, the length of time that has passed since the conviction and/or completion of any sentence, and the nature of the position for which you have applied will be considered.)

Volunteer/Community Experience:

Organization and Duties: _____ Length of Service: _____

Organization and Duties: _____ Length of Service: _____

Organization and Duties: _____ Length of Service: _____

Organization and Duties: _____ Length of Service: _____

Organization and Duties: _____ Length of Service: _____

Skills/Special Interests: _____

Experience related to the Commission/Board: _____

Why are you seeking this appointment? _____

Would any conflict of interest be created as a result of your appointment? _____ Yes _____ No

If yes, please explain: _____

REFERENCES

Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Occupation: _____ Years known: _____

Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Occupation: _____ Years known: _____

Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Occupation: _____ Years known: _____

AFFIDAVIT OF APPLICANT

I, _____, do hereby certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief. I also understand that this completed application may be made available for public inspection.

(Signature)

Date: _____